PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 10/ 582914 | | | |
|---|--|---|-------------------|-------------------------------|---------------|------------------|-------------------|--------------------|----------------------------|-------|---------------------|------------------------|
| | | CLAIMS | nn 1) (Column 2) | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | | |
| U.S | NATIONAL : | STAGE FEES | | | | | ÌΓ | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | 8 | ASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | E | XAM. FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | s | EARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | min | us 100 = | | / 50 = | | X \$ 125 = | · | | X \$ 250 = | 1 0 0 |
| TOTAL CHARGEABLE CLAIMS | | | 20 minus 20 = | | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | / n | ninus 3 = | * | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | 900 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | SMALL E | | OR | OTHER SMALL E | NTITY |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM | IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| · T | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colui | mn 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | 1 | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | | Ιſ | X \$ 25 = | | OR | X \$ 50 = | |
| AMEN | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | T | OTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | | | |
| * | | umn 1 is less than th | | | | | | | | | | |
| *** | If the "Highest No | umber Previously Pa umber Previously Pa mbor Previously Pai | id For" IN THIS S | PACE is les | s than '3' | | 1 :- AL | | .; | | | i |